

## **PROPERTY TAX APPEAL FORM**

File this appeal with **the county tax appeal board** on or before the **First Monday in June or within 30 days of the time you receive your Notice of Assessment or revised assessment notice of real property subject to taxation** or your **Assessment List of personal property from the Department of Revenue**. *(For the purpose of a tax appeal, your notice of taxes due from your County Treasurer is not considered a notice of change or assessment.)* You may also appeal a decision made by the Department of Revenue based upon your informal review. You must file the appeal of the outcome of the informal review conference within 30 days of receipt of the Department of Revenue decision.

FOR CTAB USE
DATE FILED: _____
DOCKET #: _____

NAME OF TAXPAYER \_\_\_\_\_

AS SHOWN ON TAX ROLLS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NO. (WORK): \_\_\_\_\_ (HOME): \_\_\_\_\_

I hereby make application to the \_\_\_\_\_ County Tax Appeal Board for adjustment in the appraised value of the following described property: **(The following Section must be completed in full.)**

**LEGAL DESCRIPTION OF PROPERTY:**

Lot(s) \_\_\_\_\_ Block(s) \_\_\_\_\_ Addition/Subdivision \_\_\_\_\_  
(Name)

City or Town \_\_\_\_\_

Street address or name of property \_\_\_\_\_

No. of acres \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ DOR ID# \_\_\_\_\_

	Appraised Value Set by Department of Revenue	Appraised Value as Determined by Taxpayer	Appraised Value set by County Board Decision
LAND.....			
BUILDINGS.....			
PERSONAL PROPERTY.....			

REASONS FOR APPEAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRINTED name of taxpayer \_\_\_\_\_ PRINTED name of agent \_\_\_\_\_

Signature of taxpayer \_\_\_\_\_ Date \_\_\_\_\_

I hereby authorize \_\_\_\_\_ (agent name) to represent me in this matter.

Signature of taxpayer \_\_\_\_\_ Date \_\_\_\_\_

THIS PORTION FOR COUNTY TAX APPEAL BOARD USE:

**WAS AN AB-26 FORM FILED WITH THE DOR?: YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, DATE \_\_\_\_\_**

The above application for reduction in appraised value is:

approved \_\_\_\_\_ disapproved \_\_\_\_\_ adjusted \_\_\_\_\_

for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_, County Tax Appeal Board \_\_\_\_\_, Chairperson

**THIS PORTION FOR APPEAL TO THE STATE TAX APPEAL BOARD**

STAB DOCKET NO.: \_\_\_\_\_

1209 8th Avenue  
PO Box 200138  
Helena, Montana 59620-0138  
Telephone Number: (406) 444-2720  
FAX Number: (406) 444-3103

Section 15-2-301, MCA: "If the appearance provisions of 15-15-103 have been complied with, a person or the department on behalf of the state or any municipal corporation aggrieved by the action of the county tax appeal board may appeal to the state board by filing with the state tax appeal board a notice of appeal *within 30 calendar days after the receipt of the decision of the county board*. The notice must specify the action complained of and the reasons assigned for the complaint."

I hereby appeal the action of the \_\_\_\_\_ County Tax Appeal Board, received on \_\_\_\_\_ (date)  
for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RECEIPT OF APPEAL -- PROOF OF FILING  
**RETURN TO TAXPAYER IMMEDIATELY UPON FILING.**

TAXPAYER NAME: \_\_\_\_\_

PROPERTY APPEALED: \_\_\_\_\_

The undersigned hereby acknowledges the receipt of the above appeal:

\_\_\_\_\_  
**Signature and title of receiving official**

\_\_\_\_\_  
**Date**